2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED **DOCUMENT # N47337** Jul 18, 2000 8:00 am Secretary of State RIVERS OF LIVING WATER, INT. INC. 07-18-2000 90020 013 ****61.25 Principal Place of Business Mailing Address 3430 CURRYVILLE ROAD P O BOX 622128 OVIEDO FL 32762-2128 CHULUOTA FL 32766 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 6209 Applied For City & State City & State 4. FEI Number 62-1366756 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HALE, DANIEL B. 3430 CURRYVILLE ROAD CHULUOTA FL 32766 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITI F ☐ Defete TITLE HALE, DANIEL B. NAME STREET ADDRESS 3430 CURRYVILLE RD STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP CHULUOTA FL Addition ☐ Delete TITLE ☐ Change 7ITLE HALE, DELIA C. NAME NAME STREET ADDRESS 3430 CURRYVILLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHULUOTA FL Change Addition Delete TITLE TITLE LINDSAY, DENNIS NAME NAME STREET ADDRESS 3320 M.D. LOVE #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX ☐ Delete ☐ Change Addition TITI E TITLE LINDSAY, GINGER NAME NAME STREET ADDRESS 3320 M.D. LOVE #202 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DALLAS TX ☐ Change Addition TITLE ☐ Delete TITLE HOWARD, SCOTT NAME STREET ADDRESS STREET ADDRESS 8701 ZIEGLER BLVD. CITY-ST-ZIP CITY-ST-ZIP MOBILE AL ☐ Addition ☐ Delete TITLE ☐ Change TITI F KNOTT, GLORIETTA NAME STREET ADDRESS 8701 ZIEGLER BLVD. STREET ADDRESS MOBILE AL CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #